

Living well with a chronic respiratory disease

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Editorial

Living well with a chronic respiratory disease

Many patients we see as respiratory clinicians have a chronic respiratory condition and will therefore require long-term treatment and healthcare support with the main goal of care focusing on reducing symptoms and improving quality of life.

The burden of disease and treatment of chronic respiratory conditions disrupts patients' structures of everyday life and imposes limitations on activities [1]. Patients can achieve well-being in these circumstances by accepting their limitations and adjusting to them, replacing former activities with new meaningful activities they can enjoy and by taking advantage of good days and emotionally adapting to bad days [2]. Self-capacity, trustful care with continuous care relationships, and access to medications have also been identified as essential to well-being [2].

Non-pharmacological interventions are often underutilised, but they play a central role in achieving well-being and living life to the fullest despite the restrictions of a chronic condition. In this issue of *Breathe*, the impact of listening to music, making music and dancing on physical, emotional and social well-being in patients with chronic lung disease is reviewed [3]. Further, the role of cognitive behavioural therapy in living well with chronic obstructive pulmonary disease (COPD) is explored [4]. Anxiety and depression are common in patients with COPD and cognitive and behavioural techniques can equip patients to address these challenges. We also hear from a patient what it means to live with allergic bronchopulmonary aspergillosis [5].

Patients who have survived an admission to the intensive care unit subsequently frequently suffer from cognitive, psychological and physical impairments referred to as post-intensive care syndrome. COLBENSON *et al.* [6] outline interventions to prevent and treat post-intensive care syndrome in their editorial.

A highlight of this issue of *Breathe* is the introduction of the harmonised respiratory physiotherapy curriculum [7]. This comprehensive curriculum provides guidance to accrediting bodies, professional societies, educators and individuals on competencies that must be mastered by a respiratory physiotherapist working with adults and/or children. The curriculum contains recommendations for minimum clinical exposure and lists learning outcomes, forms of learning and resources, and methods of assessing knowledge and skills. This work builds on the core syllabus for postgraduate training in respiratory physiotherapy, part of the Harmonised Education and Training in Respiratory Medicine for European specialists (HERMES) initiative [8].

It is a pleasure to see the active engagement with the contents of *Breathe* on social media, especially Twitter. It is a unique feature of *Breathe* articles that they contain the Twitter handle (account name) of authors, which facilitates dissemination and discussion of the published articles.

As we are approaching summer in the Northern hemisphere, I wish you all a refreshing summer break!

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Conflict of interest

C.C. Dobler has nothing to disclose.

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